

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 787633	RECEIPT DATE:	03 / 21 / 01
IA NUMBER:	PCT/ GB99 / 03180	IA FILING DATE:	09 / 22 / 99
FAMILY NAME:	WILSON	DELAY WAIVED (Y/N):	<u>Y</u>
GIVEN NAME:	ROBERT JM	DEMAND RECEIVED (Y/N):	<u>Y</u>
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 7 22 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	117-347	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 7038164000
			FAX
NAME:	NIXON & VANDERHYE ✓		
STREET:	1100 NORTH GLEBE ROAD 8TH FLOOR ✓		
CITY:	ARLINGTON		
STATE/COUNTRY:	VA ✓	ZIP:	22201 ✓
EMAIL:			
APPLICATION TITLES:	TREATMENT OF INFECTION ✓		

TAB TO LAST POSITION,PUSH SEND